

Pregnant and Parenting Adolescent Experiences in Tampa Bay, Florida

Technical Report Submitted to Healthy Start Coalition of Hillsborough County by

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“I am a young mother, I am somebody and I am worth just as much as a girl who went her entire life beating pregnancy. Us young moms are important. We are strong young women in the world with just an extra human on our side. My story isn’t done being written, in fact the story has barely begun for me.”

– *Young Mom, Hillsborough County*

We are incredibly grateful to the young mothers who were willing to share their stories, experiences, time, and creativity in an effort to build a system that supports future young moms. We hope that their journeys highlight that young mothers are deserving of more and the importance of creating systems of support and accessibility.

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BACKGROUND

“I had a patient that seemingly, you know, very supportive parent, had appointments, um and there was always this kind of nobody really knew like how the patient had gotten pregnant and from who but very much seemed like patients parent was a total rock for the patient and everything else, and you know come to find out later that it was the patient's parent's partner who had you know raped the child and she kind of felt like she couldn't say anything...”

– OGBYN, Hillsborough County

Narratives of teen pregnancy in Hillsborough County are reiterated in hospitals, schools, and clinics. Hillsborough County is confronted with the complexities of adolescent pregnancy through medical procedures, academic continuity, and social support. Very rarely are the concerns of the adolescents in these contexts heard to better understand their needs. This project seeks to highlight the voices of pregnant and parenting adolescents, share their stories, and emphasize their need for contextualized and individualized services. Staggering rates of adolescent pregnancy and young motherhood are not necessarily in the scope of this project. This project is focused on addressing adolescent pregnancy as a “matter of health” rather than a “health problem”.

The objectives of this project are to (1) understand the individual experiences and journeys of pregnant/parenting adolescents, (2) identify key stakeholders, gaps of care and support, and resources that they perceive, (3) obtain information that will allow us to create more focused interventions, targets, and feedback loops, and (4) visually document their journeys in an attempt to restore agency and personhood.

Only by creating a space for their voices to be heard can we enact more effective change. It is important to note that this project is ongoing and long-lived. The narratives that are retold through this project will be used to further advocate for justice and resource accessibility for youth in such vulnerable conditions. This project will require constant communication with adolescents and involved community partners to develop an effective feedback loop. While the immediate result of this project is to provide a creative and restorative platform for pregnant/parenting adolescents to share their experiences, these narratives will further inform future courses of action.

Partnership with the Healthy Start Coalition and Healthy Families program in Hillsborough County make the participation in this project more feasible. Using community connections that are already established provided adolescents more comfort in sharing their stories. This also allowed us to examine the effectivity of resources already provided by both Healthy Start and Healthy Families. Through methods such as journey mapping and photo voice, the youth engaged with visual tools to highlight experiences and emotions throughout their pregnant/parenting journeys.

Finally, to highlight youth voices throughout the Tampa Bay area, we hosted a gallery of their photo voice and journey mapping projects that will be used to leverage resources and change with key stakeholders in the Healthy Start Coalition (HSC) system of care. The goal of this project was to make sure that adolescents in complex situations, such as the one told by the OBGYN, never feel like they don't have a space to say anything – rather, we wanted to set a tone for youth to feel empowered to tell their nuanced stories.

INTRODUCTION

This technical report presents findings from an evaluation project conducted with young moms within the HSC network. The purpose of this evaluation was to better understand the lived experiences of young moms throughout discovery of pregnancy, birth, and early motherhood and to better examine how support systems could assist in their overall wellbeing. To capture these experiences, the project used a mixed qualitative approach including journey mapping, retrospective photovoice, and semi-structured interviews to allow participants to visually and narratively describe key events, emotions, and challenges they have overcome. This project also considered the role of the Healthy Start and Healthy Families network in care and resource navigation. By combining both visual and narrative data, this evaluation provides a deeper understanding of how young moms interpret their lived experience and how Healthy Start/Healthy Families can better support them during pregnancy and throughout motherhood.

DEMOGRAPHICS

The sample population consisted of 10 young mothers between the ages of 15 and 21. Of the 10 participants represented, 5 were Black and 5 were Hispanic/Latino. Seven out of the ten young moms are actively in the HSC network. Four of the moms were from the YoungLives network, of which one is a part of the Healthy Start network. Additionally, three of the participants only spoke Spanish and were provided with all recruitment, instruction, and interview materials in Spanish.

METHODOLOGY

Young mothers were sent a recruitment flyer to participate in the evaluation project, in which they could withdraw at any point if they deemed necessary. After recruitment, at least two meetings were held in which the first was an introductory meeting to review the protocol and receive consent (from all participants, regardless of age). Additional disclosure forms were provided to all the moms during the development of the exhibit (see Appendix). All participants were asked to complete a journey map. After completing the journey map and receiving a brief review from the project team, participants engaged in a retrospective photovoice session. They selected photos from their phone that best represent their journey (as depicted in the map).

Participants were then given time (varied between two weeks and four months) to complete the journey map and photovoice activities. Finally, our team conducted a brief semi-structured interview with the participant to discuss their map, photo choices, and additional use of community resources. All participants were compensated with \$50 cash.

Please note that non-English speaking participants were provided with the instructions in Spanish, and all interviews and materials were conducted, transcribed, and analyzed in Spanish.

Data Collection

Data were collected using three specific methods. Instructions were provided to participants in their preferred language (either English or Spanish). The instructions are listed below:

Journey Mapping

Instructions: Draw out your pregnancy/birthing/parenting experience. Include any large events, emotions, or actions that took place throughout this time period.

You might think about...

- When you found out you were pregnant
- Telling your family/partner
- Moving, school changes, housing situations
- Big feelings you had (excitement, fear, stress, hope)

This can be as long or as short as you would like it to be. Examples of things you might add in your map can include, but is not limited to hospital visits, use of HSC resources, family/partner experiences, and more. The journey does not require dates, but rather simple measures of time (i.e., 3 months after conception).

*Participants were given examples of journey maps done from separate studies.

Photovoice

Instructions: “Using your journey map, use any photos that highlight your experience or emotions for any events. Feel free to choose as many images as you would like and associate them with any key events that have taken place. You can use photos that have already been taken or use new ones; please identify any photos that are new. For new photos, reflect on your daily lives and take pictures of situations, persons, or anything else which you consider meaningful. This may be positive or negative memories or experiences. We encourage you to be personal and think freely when choosing motifs for your photos.”

Semi-Structured Interviews

Semi-structured interviews were utilized to supplement the information provided in the journey maps and photovoice. Topics of questions included, but were not limited to, social support, pregnancy and birthing experiences, educational outcome, and medical/clinical interactions. The interview tool was adjusted based on the priorities and points highlighted by the participant’s journey maps. The interviews were also used as a tool to identify any key information that might not have been included in the original map, such as additional clinical experiences (beyond the first obstetric/gynecological exam/appointment).

Data Analysis

Qualitative and visual data were analyzed separately and then triangulated for this project, elaborated below:

Journey Maps

The journey maps were analyzed visually and then elaborated through the qualitative and interview portion of this project. Our team identified key trends in the journey maps, visual turning points, descriptors, and imagery that were essential to understanding the map. This was inclusive of diagrams or motifs shown throughout the map, such as hearts, or colors, such as pink and red. Additionally, all maps were visually analyzed based on their trajectorial pattern. In other words, it was important to understand if the young mothers perceived their journeys as linear or non-linear. Data triangulation with the photovoice and interviews are highlighted in the next section.

Retrospective Photovoice

Retrospective photovoice data was analyzed by examining both the visual content of the images along with the participants’ reflections during interviews. The photos were reflections of the past

that attempted to depict their journey visually, in addition to the journey map. All photos were analyzed using the SHOWeD (what do you see, what is *happening*, how does this relate to our lives, why does this exist, what can we *do*) guide during the semi-structured interview, in addition to a visual analysis of the objects captured by the participants. This highlighted key differences and findings related to the objectives of this project.

Semi-Structured Interviews

The journey maps and retrospective photovoice allowed for un-interrupted narratives as shared by the young moms. The semi-structured interviews were transcribed and analyzed using inductive thematic analysis, allowing the themes of the study to emerge directly from participants' narratives. This aspect of the study provided context and clarification regarding journey maps and photovoice. Below is the codebook used throughout this study.

| Code | Definition | Example |
|----------------------|--|--|
| Resilience | Any indication of perseverance or progression | "A month after having Ramir, I graduated from high school, a couple feelings I was feeling, I was proud, accomplished and motivated." |
| Religion | Any indication of religion (or spirituality) | "I realized our relationship was like going downhill. Like it was just getting bad and he wasn't really doing much to fix it. Um, so we started going to church. I asked my pastor if he could help us give us some type of counseling." |
| Violence | Violent actions, violent individuals, indication of abuse, rape, sexual assault, etc. | "So I called my cousin, I was like, "You know, what's his name is bothering me" And he said, like, oh I'll beat your ass. I said, okay, I'm gonna show you (not transcribable). And they kicked me out, but they kicked me out because they made it seem like I was the problem" |
| Abortion | Acts of abortion | "So I walked outside and I was like, "What's your problem?" He ignored me, I said, "If you told me to get an abortion, why are you coming to my class stalking me?" |
| Labor | All work-related matters | "And if I were to do that my day, when I go back to work, I would need to find somebody to watch [name] and that's kind of hard." |
| Movement | All matters related to migration, movement, transportation, etc. | "I used to enjoy school when I was living in Ohio. But ever since I, when I moved here, I kept having issue after issue." |
| Pregnancy status | When the mothers find out they are pregnant or the conditions of their pregnancy | "Puse de cuando descubrí que estaba embarazada. Que fue el. Tenía 15 años y fue en febrero del 2024." |
| Medical experience | All experiences related to medical visits (sub-coded as distrust, medical questions/curiosities, and barriers to medical care) | "I felt like I was getting a lot of support when it comes down to like the hospital because they were, you know, actually they would care for me during the time. Even like while giving birth or just going to like my, you know, my appointments or whatever." |
| Education | Experience related to education (sub-coded as barriers to education) | "I wasn't going to be able to take care of my child. Because I was in school, working." |
| Pregnancy experience | Experience related to pregnancy, etc. (sub-coded | "Before I found out I was pregnant, my mom ended up |

| | | |
|-----------------------|--|--|
| | as negative experience and positive experience) | kicking me out, and I ended up staying with my grandma” |
| Birth experience | Experience directly related to birthing (sub-coded as positive and negative experiences) | “Nurses were nice and they gave me a lot of comfort staying there. My baby dad stepped up and most of all, Honest was healthy.” |
| Motherhood | Experiences related to motherhood, mothering, etc. (sub-coded as negative and positive experience) | “He don't even like tickle. He just sit there and just stare. He doesn't smile.” |
| Social Support | Support from others that are not themselves. Can be given or received (sub-coded as positive, negative (or absence of), partner, and family) | “He was scared, but, I mean, he was, like, treating me like, like a queen. Like, everything I wanted, like, if I was craving something, like we would go and get it. It could be 11 p.m. It could be 1 a.m. He could go get it. So that's a good thing I liked about him. Like, he was really, really supportive. The one who wasn't really supportive was my big sister. It was only my middle sister.” |
| Anxiety/Unknowingness | Fear, anxiety, lack of knowledge, etc. are mentioned (sub-coded as isolation, secrecy, and post-partum depression) as a result of anxiety | Well, mostly 'cause I would cry a lot, and like, I'm Hispanic. One, my Hispanic side, they would tell me, like, don't cry a lot. Like, either you can stress the baby, or you can lose it. So, I was like, like I would try not to cry, but I try not to hold it in too, because I know I was bad too. |
| Responsibilization | Being given a responsibility or task due to their condition (sub-coded as judgement) | “The job, it wasn't a good fit for me personally. But I was still willing to work because I needed the money because I knew I would be having a child or whatever. And I also found out I was unenrolled from the program that I was doing because of my attendance.” |

Data Triangulation

In order to triangulate the data, the visual data (journey maps and photovoice) were coded using the codebook designed from the semi-structured interviews. Our team ensured that all data properly fit the inductive codes. If any were contested, all were reevaluated to determine if a new code needed to be created to best represent the data and narratives of the young moms.

FINDINGS

The following section discusses the results of this project.

Journey Mapping

Below are the findings through all 10 participant journey maps.

Journey Mapping codes identified:

| Codes | Quantity |
|-----------------------|----------|
| Social Support | 59 |
| Anxiety/Unknowingness | 34 |
| Medical Experience | 20 |
| Birth Experience | 17 |
| Pregnancy Status | 15 |
| Pregnancy Experience | 14 |
| Motherhood | 13 |
| Resilience | 13 |
| Education | 13 |
| Labor | 10 |
| Movement | 7 |
| Responsibilization | 5 |
| Abortion | 3 |
| Religion | 2 |
| Program Evaluation | 1 |
| Violence | 1 |

Nonlinear and diverse journey structures

Participants' experiences did not follow a single uniform pathway but rather 4 distinct journey structures:

- (1) Linear/step by step structures showed the events through the participants' journeys in order through time.
- (2) Crisis-driven/fragmented structures were organized around trauma, hospitalization, depression, and repeated disruptions, explicitly highlighting moments of distress and compress "normal" time.
- (3) Trimester-based structures were divided explicitly into first/second/third trimesters. Emotional isolation was seen to increase across trimesters.
- (4) Identity-based/continuous structures showed no clear beginnings and endings. These structures viewed birth not as an endpoint, but rather motherhood continuing on after the birth. This certain type of structure was fundamentally different from almost every other map.

These variations of structure highlight that pregnancy and early motherhood are not experienced as a standardized process but are shaped by individual experiences, contexts, and life circumstances.

Shared Patterns

Discovery is almost always a temporal “before/after” marker in nearly all maps. Across all participants, pregnancy discovery functions as a disruptive event, even when emotions differ. Shared features include a missed period or physical symptoms, feelings of shock, fear, or sudden responsibility, and an immediate switch of daily life. Maps with minimal emotional language also showed discovery as a restructuring agent in their journeys.

The journey maps show the emphasis in turning points shaping the participants’ journeys. Time may be represented psychologically, not always in a linear way. Across participants, maps emphasized decisions, crisis, and shifts. Dates often appear selectively around discovery, hospitalization, birth, and major disruptions including school expulsion and housing loss.

Across all maps, support, or lack thereof, changes the direction of the journey. Support systems are observed to act as trajectory modifiers, not just background context. Formal programs such as Healthy Families, Healthy Start, and YoungLives often stabilize the participant's experiences, and fill gaps of support. Although this form of support does not replace emotional support, it buffers harm from those lacking social support.

Structural Barriers and Life Disruptions

Structural barriers included school withdrawal and expulsion, financial, employment, housing insecurity, and transportation. For many participants, pregnancy and motherhood intensified these barriers, forcing difficult trade-offs between education, work, and child-care. These disruptions often contributed to emotional strain for the young moms.

Emotional Trajectories

The emotional journey of early motherhood began with shock, fear, and panic. Over time, many participants described their movement toward acceptance, stabilization, and in some cases, personal growth.

Support Systems

Familial support, particularly mothers, was the most consistent stabilizing force across the maps. In contrast, partner support was often referred to as inconsistent and absence, causing stress among the young mothers.

Pregnancy as a Turning Point

Discovery of pregnancy across all participants functioned as a critical moment that reshaped life trajectories. The discovery was described as shock, fear, and uncertainty. Through analysis of the journey map, it was found that participants rarely framed time as a chronological sequence but rather narrated through pivotal moments and subsequent transitions.

Points of Care

The points of care discussed among the journey maps included pregnancy confirmation from hospitals and clinics, prenatal care, ultrasounds, labor & delivery, postpartum care, and mental health care.

Photovoice

Below are the findings through all 10 participant's sets of photos.

Media submitted:

| | # of photos | # of videos/audio |
|----------------|--------------------|--------------------------|
| Participant 1 | 5 | 5 |
| Participant 2 | 3 | 0 |
| Participant 3 | 6 | 0 |
| Participant 4 | 8 | 0 |
| Participant 5 | 7 | 0 |
| Participant 6 | 9 | 0 |
| Participant 7 | 22 | 2 |
| Participant 8 | 12 | 1 |
| Participant 9 | 27 | 6 |
| Participant 10 | 17 | 1 |

Photovoice codes identified:

| Codes | Quantity |
|-----------------------|-----------------|
| Social Support | 18 |
| Motherhood | 15 |
| Anxiety/Unknowingness | 13 |
| Resilience | 12 |
| Pregnancy Status | 11 |
| Pregnancy Experience | 11 |
| Birth Experience | 9 |
| Medical Experience | 9 |
| Responsibilization | 4 |
| Education | 3 |
| Labor | 3 |
| Movement | 2 |
| Program Evaluation | 2 |
| Religion | 1 |
| Violence | 0 |
| Abortion | 0 |

Emotional duality

Nearly every participant reflected on the dual emotions captured in their photos, describing feelings of fear, love, happiness, and anxiety simultaneously. Pregnancy and childbirth are not experienced as entirely positive or negative for these moms. Instead, participants described a complex mix of emotions that often coexisted. This duality highlights the emotional complexity

of early motherhood, showing that participants navigated both joy and anxiety as they adapted to their new roles.

Identity loss

Motherhood required the participants to undergo rapid identity changes, which led many to grieve aspects of their former independence. Participants reflected on feeling like a “little girl” while taking care of their little girl, missing the freedom they once had, and experiencing “bad mom guilt”. Their journey maps and photos often captured the stark contrast between life before and after pregnancy, emphasizing the personal sacrifices and shifts in self-perception that accompany the transition from before and after motherhood.

Inconsistent support

Support from partners and family was often inconsistent, shaping participants’ emotional experiences. Several mothers expressed negative emotions tied to the baby’s father, with most of them opting not to include them in their photos. Similarly, participants shared experiences of conflict or lack of support from family members sometimes excluding them from visual narratives completely. However, the most powerful type of support for the young moms was observed to be maternal figures. These roles consisted of mothers, grandmothers, and Healthy Start/Healthy Families staff members.

Maternal self-doubt

Reflection on photos frequently surfaced internalized doubt and concerns about the young moms’ ability to parent effectively and successfully. Participants expressed worries such as “How am I going to do this alone?” and feared that the absence of a father could negatively impact their male babies. Many described feelings of guilt and self-criticism regarding their decisions, highlighting a persistent sense of inadequacy about their capacity as mothers.

Growing up with baby

Several participants described the experience of growing up alongside their baby, framing motherhood as an opportunity for personal development. Despite the challenges and emotional strain, participants noted that caring for their baby helps them mature and foster a better version of themselves.

Data Triangulation

The findings from the journey maps and photovoice data show several points of convergence, strengthening the overall analysis through triangulation. Across both methods, pregnancy was identified as a major turning point which included emotional duality and a shift in perceived sense of self. Both methods highlighted evolving emotional trajectories. Journey maps showed a progression from initial panic to eventual acceptance and growth, while photovoice showed evolving emotional trajectories through co-existing emotions looking back at photos.

Together, these findings reinforce that early motherhood is characterized by emotional complexity rather than a single, uniform experience. This experience can also be described as *layered motherhood*, in which young moms are simultaneously navigating pregnancy, parenting,

adolescence, identity development, education, health, and relationships. The overlapping layers shape how experiences are felt, interpreted, and remembered over time.

Support systems also emerged as a strong theme across both photovoice and journey maps. In journey maps, support functioned as a trajectory modifier, shaping the direction of participants' experiences while photovoice data provided personal insight into the quality of that support. Both methods identified familial support as the most consistent and stabilizing role in their journey. Dually, inconsistent and absent partner support was highlighted as a major source of stress. Both methods pointed to the role of formal support systems such as Healthy Families and Healthy Start filling gaps left by the lack of partner support, reinforcing the importance of these programs.

Key differences were also observed between the two methods. Journey maps were more likely to highlight structural barriers and external life disruptions, while photovoice focused more heavily on internal experiences. While journey maps emphasized how events unfolded and structured over time, photovoice captured how participants felt about those experiences and the meanings they assigned to those memories. These differences demonstrate that while both methods align on core themes, they capture distinct dimensions of the experience, providing a more comprehensive understanding when analyzed together. The triangulation of the methods allows us to view at which points the young mothers can be provided more support and care (e.g., pre-birth, 5 months after birth).

DISCUSSION

The findings from this project highlighted the transition into pregnancy and early motherhood for young moms is not a linear or uniform experience, but a complex, unique experience. Across all methods within this project, participants described pregnancy as a major turning point that reshaped their responsibilities and future goals. Most participants described an initial period of fear and uncertainty upon discovery but often this led to acceptance and adaptation over time.

Structural barriers such as education, financial strain, housing stability, and transportation challenges played a key role in shaping the participants' experience. These barriers were observed to force the participants to make challenging tradeoffs between education, work, and childcare which contributed to emotional stress. Dually, support systems played a critical role in how participants navigated these challenges, including familial support, especially maternal figures. Partner support, however, was frequently described as absent and inconsistent. The lack of partner support may have contributed to feelings of abandonment and self-doubt.

The use of photovoice and journey mapping cohesively provided important insight to how participants make meaning of their experience. While journey maps included crisis and negative events, the photovoice images were quite the opposite, which captured many happy events. Using the photovoice images alone would have led us to believe only the happy parts of their experience but after the semi-structured interview, the photos seemed to have sad backgrounds. The difference between photovoice and journey mapping demonstrate the importance of using multiple qualitative methods when working with this population.

EVALUATION AND NEXT STEPS

The semi-structured interviews revealed the importance of programs such as Healthy Start/Healthy Families and YoungLives. The support that is given to these young moms through key transition points, particularly during discovery, birth, and periods of instability given by these programs reveal the need for these programs to exist in the Tampa Bay area. Continued program support after the delivery may help reduce more of the structural and emotional challenges these young moms face that were identified in the project. There are several areas that can be tackled to address the concerns brought up by the young moms and displayed through their narratives in the visual methods.

Job Support for Young Mothers

Age, transportation, and educational limitations often prevent young moms from finding secure jobs and stable income. Many mothers referenced job applications getting deferred due to their age or lack of experience. Some mothers mentioned the unsustainable natures of their job, inclusive of difficult working hours and lack of flexibility in childcare. This challenge makes it incredibly difficult to overcome socioeconomic barriers, especially when taking care of a child/family. This project has highlighted how community programs, such as HSC and YoungLives, must create a streamlined job support system for young mothers. This extends beyond career development, but job security and company/organization partnerships that allow young moms to develop job-related skills while accommodating their new lifestyle. Additionally, by providing job security, this project imagines a new trajectory for young mothers in which their futures are not destined to financial struggle, but to prosperity and sustainability.

Legal Support for Young Mothers

Many young moms are incredibly embedded in difficult legal situations. Little legal services are provided by community organizations, specifically concerning adolescent motherhood and parenthood. One mom cited that job opportunities were unattainable due to domestic legal battles. At the very minimum, legal advice provided to the young mothers is an important service, especially for those who are recent immigrants and people of color. Legal support, in this context, is an aid for job security, in which mothers must seek legal aid for better working conditions. This project also implies that general legal support is essential regarding support in cases of domestic and intimate partner violence, discrimination in education and clinical settings, and more. The legal contexts of young moms are incredibly complex and thus must be met with adequate support for the young moms to navigate their futures.

Clinical Interactions

Some mothers cited not having productive interactions with physicians, nurses, or obstetricians. This was indicated for a variety of reasons including racial discrimination, discomfort with the healthcare worker, or general distrust. This can be mediated on several levels, two of which are most pertinent to this project.

- (1) Creation of patient/physician question cards related to adolescent pregnancy and parenting care is pivotal for the health understanding of the young mothers, in addition to the clinical literacy of the physician. Question cards have been previously adopted and utilized in many patient care settings, as demonstrated by a shared decision-making initiative, which can be useful for both patients and care providers. This may include common questions and concerns, not typically addressed or inquired by adolescents, but

important talking points for physicians that might properly address and anticipate the concerns of young pregnant and parenting adolescents.

(2) Some mothers mentioned receiving initial care from women's health clinics in the Tampa Bay area that are known for their improper care (and sometimes malpractice). While these are funded nationally, it is important that our young moms are aware of where they can receive proper care and clinical support. This project suggests that a list of practicing and HSC approved obstetricians that would be most beneficial to pregnant and parenting adolescents. This list should specify insurance/non-insurance availability, language access, cost transparency, general appointment availability, and more. This can lend a big hand in prevention of delayed care once adolescents become pregnant, which often contributes to poor maternal health outcomes.

Educational Interactions

Educational trajectories varied between moms, but most mentioned a difficulty in continuing or re-starting the education process. This was due to several factors inclusive of unsupportive environments, linguistic barriers, legal barriers, and unsafe learning environments. This project suggests compiling a list of educational institutions that are relatively more effective and flexible for continuing education amongst pregnant and parenting adolescents. Some were cited during interviews are more agreeable than others. This should be further investigated to provide more clarity. While we understand this process is also incredibly nuanced, there should be a system where adolescents can reference networks of support that has worked for previous young moms.

Localized Large Language Model (LLM) for Care and Education Networks

A large language model that is contextualized to the networks and resources of support that young mothers can receive is incredibly important in this context. For the moms who also used AI as additional resources, and it might be important to acknowledge if and how this can be used (more beneficially and strategically) to guide them towards proper obstetric care or educational institutions if necessary. This would also be useful for mothers who have questions regarding their care or parenthood, but are unable to do so for several reasons, inclusive of discomfort or safety.

Centering Pregnancy Models in Tampa Bay

Working alongside YoungLives in Tampa Bay has highlighted how CenteringPregnancy is a functional model in which mothers with similar due dates are brought into safe group settings to discuss any issues or concerns. However, instead of care based on due dates, YoungLives has created spaces for this to be done with moms of the same age range, often serving as mentors or guides in this process. For some moms, this was extremely important for community connection, support, and overall wellbeing. This might be something that the HSC network pursues with regards to age/context-based mentorship or group bonding, in which young mothers can seek friendship, community, and support. This model is not fixed and is not faith-based, as alluded to by the YoungLives work.

STRENGTHS AND LIMITATIONS

The use of multiple qualitative methods, including journey mapping, photovoice, and semi-structured interviews allowed for a deeper comprehensive understanding of the participants' experiences. The visual methods allowed for the young moms to express the emotions and understanding that may have been difficult to communicate through words alone. An additional

strength included the ability for the participants to choose their own photos and construct their own journey maps centered around their perception of important events and emotions. The research design was intended for the mothers to become agentive in their own narratives, while giving them the opportunity to share what was most important to their pregnancy and parenting journey.

This project included the limitation of a small sample size (n=10), limiting generalizability of the findings. As the participants were recruited from a limited network, the results may not reflect the experiences of young mothers in other programs or geographic areas. Despite this, the project provides valuable insight into the lived experiences of young mothers in the Tampa Bay area and informs future program support and research.

CONCLUSION

Overall, this project provides powerful insight into the complex and multifaceted experiences of young moms as they navigate pregnancy and early motherhood. The findings suggest that this transition is shaped by a combination of emotional duality, structural challenges, shifting identities, and social support, while participants faced significant challenges, they all demonstrated resilience and personal growth. The use of both photovoice and journey maps emphasized the value of participant-centered approaches within research. These findings underscore the importance of comprehensive support systems such as Healthy Start/Healthy Families that address not only practical needs, but the emotional needs that most participants noted were significant throughout their experience. Continued efforts to provide accessible and consistent support can better meet the needs of young mothers and provide improved outcomes for young moms and babies in the Tampa Bay area.

APPENDIX

Audio-Visual Exhibition at Museum of Motherhood



A digitized version of this exhibit is currently in process.

Photovoice Examples



Semi-Structured Interview Guide

This guide is for the second interview conducted with all participants. The initial interview was to review the protocol, consent, and stipend related to their involvement.

1. What is your name?
2. How old are you?
3. When did you initially learn about teen parent/Healthy Start/Healthy Family resources?
 - a. Why (or why not) did you accept them?
 - b. What resources were you initially looking for?
4. Please describe your journey map and the photos that you placed throughout the map.
 - a. Journey Map Probes
 - b. Explain each event, dig in, “why”
5. PhotoVoice Probes:
 - a. SHOWeD Guide (for each photo)
 - b. What do you see here?
 - c. What is really happening here?
 - d. How does this relate to our lives?
 - e. Why does this concern, situations or strength exist?
 - f. What can we do?
6. Would you change anything about your pregnancy/parenting experience?
7. What Healthy Start / Healthy Family resources did you find most useful?
8. What resources would have been / can be helpful for your pregnancy/parenting journey?
9. Overall, what resources/services throughout your pregnancy/parenthood could have been
10. improved?
11. Were any resources hard to access? Why were they hard to access? Why?
 - a. Probe about transportation, cost, location, etc.
12. Can you describe any services or supports you wish had been available but weren't?
13. Did you ever feel lost or unsure of where to get support? What would have helped in
14. those moments?